2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 29, 2005 8:00 am Secretary of State

DOCUMENT # L04000 1. Entity Name NJK RESTAURANTS, LLC	0018979					04-29-2005	90060	035 ****5	50.00
Principal Place of Business Mailing Address									
5728 MAJOR BLVD, STE 601 5728 MAJOR BLVD, STE 601 ORLANDO, FL 32819 ORLANDO, FL 32819							IIR III III N ii i	i i daji da sama ka da sa	.
Principal Place of Business 3. Mailing Address									
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			005	Chg-LLC	CR2E	E083 (10/03)	
City & State City & State				4. FEIN 74-		17277			pplied For ot Applicable
Zip Country	Zip	Zip Country		5. Certi	ficate c	f Status Desired		\$5.00 Add Fee Require	
6. Name and Address of 6	Current Registered Agent		NI	7. Nam	e and A	Address of New I	Registered	l Agent	
HODGE, RANDALL R			Name						
HODGE, RANDALL R 5728 MAJOR BLVD, STE 601 ORLANDO, FL 32819			Street Address (P.O. Box Number is Not Acceptable)						
			City				F	Zip Cod	ie
8. The above named entity submits this state the obligations of registered agent.	ement for the purpose of changing it	s registere	ed office o	r registered agent,	or both	, in the State of F	lorida. I ar	n familiar with,	, and accept
SIGNATURE Signature, typed or printed name of regist	tered agent and title if applicable. (NO	TE: Registered	l Agent signat	ure required when reinstat	ing)		DATE		<u>-</u>
Filing Fee is \$50.00 Due by May 1, 2005									
		-						payable to ment of Stat	te
Due by May 1, 2005	MEMBERS/MANAGERS	10.					a Departi	ment of Stat	
9. MANAGING	MEMBERS/MANAGERS	TITLE		MGR	No	ADDITIONS	a Departi	ment of Stat	Addition
9. MANAGING		TITLE NAME STREE		Khatib,		ADDITIONS	a Departi	Change	
9. MANAGING TITLE NAME STREET ADDRESS		TITLE NAME STREE	ET ADDRESS ST-ZIP			ADDITIONS	a Departi	Change	
9. MANAGING TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	☐ Delete	TITLE NAME STREE CITY- TITLE NAME	ET ADDRESS ST-ZIP	Khatib,		ADDITIONS	a Departi	Change	Addition
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I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

26/05